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Enclosure No. 1

Report of Trip to Debre Marcos

by

L. M. Henderson and Ato Abraham Besrat

February 8, 9, 1961

We were met at the airport by Ato Tekle Kifle, the medical officer in charge of the Gojjam Province Health Center. The health center, V. D. Center, the Governor General of the Province, His Excellency Dejazmatch Tsahaye Enku-Selassie and the Debre Marcos school were visited.

The governor general seemed pleased that we had dropped in. He wondered about the possibility of providing transport and telephone communications at the health center. That afternoon the Land Rover arrived. A telephone line to the center would greatly facilitate the coordination of the public health activities by providing the means for immediate contact with the provincial and local authorities and with the Ministry of Health.

The Health Center was functioning very well and effectively. Various aspects of the activities of the personnel are considered below.

1. Physical Facilities

The physical plant which has been provided is excellent for the purpose. There is more than ample space at present, but as the health service is more widely used all of the space can be well utilized. Water is now available through the distribution system. With the present arrangement consideration should be given to the treatment of the water used at the center. The elevated barrels could be chlorinated on a batch basis at the close of the day to provide potable water for the following day.

Messing facilities have been adequately provided for by the addition of an injera kitchen which is nearly complete and in full use in the compound near the dining hall.

The effluent from the septic tank is not being filtered, but is released on the surface near and above tukuls on the hill nearby. Some provisions should be made to remove the possibility of this effluent running down the side hill on the surface. Some lateral trenches filled with coarse aggregate would provide a suitable substitute for the tile field normally used in such sanitary installations. Ato Tekle is aware of the shortcomings of the present arrangement.

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2. Clinic Service

The clinic held each morning by Ato Tadesse Tesfaye and the nurses is well patronized. From 25 - 50 patients are seen each day and receive treatment. This operation is conducted efficiently and well. The personnel are obviously experienced and effective. This activity provides contact which engenders respect for the personnel and confidence in the health center throughout the community.

3. Mother and Child Health

Instruction in this area is supposed to be offered each afternoon though this activity was not observed. It is deemed an important part of the public health program in this community and should be an outlet to educate mothers on infant care and feeding.

4. Public Health Census

The community has been divided into about five sectors and all dwellings in each sector are being accurately located on maps. Each dwelling is numbered on the maps and on the outside of the tukul. It appears that more than 30% of this census was completed. The census information sheets now in use provide minimum necessary information about each family. This activity is provided space on the schedules of the sanitarians each day and the census should be completed within a few months.

5. Food Handlers

The food handlers in the eating establishments in town are reportedly examined and instructed. Certificates were not seen, but may be on display in the kitchens.

It appears that this health center provides a unique opportunity for instruction in sanitation at the very elementary and practical level. Instruction in waste disposal, insect control, food sanitation and disease prevention generally could be provided both in the clinic area for townspeople and at the school. Medical officers and sanitarians are well qualified to discuss these subjects and they appear to have sufficient prestige in the community to have such instructions well received. A series of films produced for this purpose even though not well done would attract a large crowd to the square in the evening. Instruction at the clinic or at the individual tukul will provide only limited contact and only slow distribution of this important information. Some adult education in this area would greatly strengthen the health education efforts in the schools. Acceptance of instruction in prevention of communicable diseases might be expected to lead to adults who are receptive to instruction in food and nutrition and other matters less obviously related to health.

Finally consideration might be given to making the Debre Marcos Health Center a model center to be visited by personnel assigned to less well equipped and effectively staffed centers. Perhaps this matter is adequately provided for in the training at and near Gondar. On the other hand it seems quite likely that the high standards demanded at the school at Gondar will not be maintained unless some attempt is made to continue the contact with the health officers, sanitarians and nurses. Teaching preventive medicine to others will tend to maintain and improve the professional standards of such personnel.

The obvious success of the personnel of this center in gaining the confidence of the citizens of Debre Marcos is in large part responsible for the success they are having in providing medical care and improving the health of the community.